SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

WORKFORCE SERVICES

sdjobs.org

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM HOST AGENCY SUPERVISOR CONTRIBUTION

Participant's Name:				-	
percent of the Senior Comm portion of this non-federal n	unity Service Emp	oloyment Prog the value of sa	gram (S alaries	cure a non-federal in-kind match in the amount of ter SCSEP) grant provided to DLR. The most significant of the Host Agency staff who directly supervise the ask you to provide the information below.	
The information provided is supervisory time.	confidential and v	will be used o	nly for	the purpose of calculating on-federal contribution of	
HOST AGENCY INFORMAT	TION				
Host Agency Name:					
Supervisor's Name: If the participant has more than one immediate supervisor, only list.			the	Position Title:	
name of the person who provide	s the majority of the	supervision.			
Address:					
Contact Tel:			Email:		
Average Hours Spent Supervising each Week:				Hourly Supervisor Wage: \$	
			C	f a participant's supervisor received an annual salary; calculate the hourly wage by dividing the salary by 2080	
Please indicate the source supervisor:	of the funds, ar	nd the percei	ntage	of the source, used to pay the wages of the	
When wages are entirely federal are both federal and non-federal				n the appropriate space. If the supervisor's wages as appropriate.	
Federal:	%	Non-Fede	ral:	%	
I certify the information abo	ve is true and cor	rect to the be	est of m	ny knowledge.	

DLR WIOA – Section 10 – Form 93

SUPERVISOR SIGNATURE

DATE